Foster Family Home - Corrective Action Report

Provider ID: 1-510976

Teresita Pagtama, CNA **Review ID:** 1-510976-8 **Home Name:**

94-468 Alapine Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 2/18/2021

Foster Family Home [11-800-6] **Required Certificate**

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. Decrease to 2 bed CCFFH.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(c)The department shall make a name inquiry into the criminal history records for the first two years a case

management agency is licensed or a home is certified and annually or biennially thereafter depending on the

licensure status of the case management agency or certification status of the home.

Comment:

Foster Family Home Client Care and Services [11-800-43]

Be based on care directions from the client to the maximum extent possible, with monitoring by the case 43.(c)(2)

management agency when the client is not capable of providing care directions;

Comment:

43.(c)(2) has not been done since 2/11/2021 because of discontinuation of ordered but no MD order to

Foster Family Home [11-800-54] Records

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client # 1 states but neither are present in the home. Service plan

but only being done

supplies or delegations or MD order Client # 2 Service plan for

54.(c)(5) MAR not signed since 2/16/2021

54.(c)(5)Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

Primary Care Giver

Date